

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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**24. Any other medical care and any other type of remedial care recognized under State law,  
specified by the Secretary.**

**a. Transportation.**

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided:

**b. Services of Christian Science nurses.**

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not Provided:

**c. Care and services provided in Christian Science sanatoria.**

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not Provided:

**d. Nursing facility services for patients under 21 years of age.**

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not Provided:

**e. Emergency hospital services.**

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not Provided:

**f. Personal care services in recipient's home, prescribed in accordance with a plan of  
treatment and provided by a qualified person under supervision of a registered nurse.**

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not Provided:

\* Description provided on attachment.

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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☐ Provided: ☒ Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

☐ Provided: ☐ State approved (not physician) service plan allowed

☐ Services outside the home also allowed

☐ Limitations described on Attachment

☒ Not Provided

27. Private health insurance premiums, coinsurance and deductibles when cost-effective (pursuant to P.L. 101-508 §4402).

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28. Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

\_\_\_\_\_ provided

\_\_\_\_\_ XX not provided

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